

Work Order ID 98911

\*98911\*

Page 1

March-28-13 10:42:56 AM

Item ID: 646.9711 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Blade  
 Start Date: 4/05/13 Start Qty: 80.00 \*80\* Cust Item ID:  
 Required Date: 4/05/13 Req'd Qty: 80.00 \*80\* Customer:  
 Reference:

Approvals: Process Plan: ML5 Date: 13-04-01 Tooling: \_\_\_\_\_ Date: \_\_\_\_\_  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_  
 Run Start \*NR1\*  
 Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr								
646.9700	N/C								
100	BAND SAW	0.00							
*100*									
Bandsaw	Memo	0.00							
Jeaspa Bandsaw	Cut Blank at 4.625"								
110	HAAS CNC VERTICAL MACHINING #1	0.00							
*110*									
HAAS 1	Memo	0.00							
HAAS CNC vertical machine #1	1-Machine per folio FB135 DWG REV: <u>N/C</u> FOLIO REV: <u>AA</u>								

2- deburr and break all sharp edges except otherwise noted

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misread
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Offset
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Outside Dimensions
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 98911

\*98911\*

Page 2

March-28-13 10:42:56 AM

Item ID: 646.9711 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Blade  
 Start Date: 4/05/13 Start Qty: 80.00 \*80\* Cust Item ID:  
 Required Date: 4/05/13 Req'd Qty: 80.00 \*80\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
*120*						81	0		SL 13-4-4
QC	Memo	0.00							
Quality Control									
130	QC8- Inspect parts - second check	0.00							
*130*						81	0		CL 13/04/10
QC	Memo	0.00							
Quality Control									
140	Outsource process - Heat Treat	0.00							
*140*									
Outsource1	Memo	0.00							CL 13/04/12 (81)
Outsource process - Heat Treat	HEAT TREAT AS PER DWG, SEE NOTE #3								
	ISSUE P/O: 19576								

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

Landing Gear	General	Other
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabelled
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions
		<input type="checkbox"/> Ovalized
		<input type="checkbox"/> Over/Under tolerance
		<input type="checkbox"/> Part Incorrect
		<input type="checkbox"/> Part Lost/Missing
		<input type="checkbox"/> Part Moved
		<input type="checkbox"/> Positioned Wrong
		<input type="checkbox"/> Power Loss/Surge
		<input type="checkbox"/> Pressure/Forced
		<input type="checkbox"/> Temperature/Cure
		<input type="checkbox"/> Weld
		<input type="checkbox"/> Wrong Stock Pulled
		<input type="checkbox"/> Other

# Work Order ID 98911

\*98911\*

Page 3

March-28-13 10:42:56 AM

Item ID: 646.9711 Accept \*N900040100\* Setup Start \*NS1\*  
 Revision ID: Stop \*NS2\*  
 Item Name: Blade  
 Start Date: 4/05/13 Start Qty: 80.00 \*80\* Cust Item ID:  
 Required Date: 4/05/13 Req'd Qty: 80.00 \*80\* Customer:  
 Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start \*NR1\*  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop \*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150	Receive & Inspect for Damage & Mat'l Certs	0.00							
*150*									
Packaging	Memo	0.00							
Packaging									
155	QC5- Inspect part completeness to step on W/O	0.00							
*155*									
QC	Memo	0.00							
Quality Control									
160	Spray Painting per QSI005 4.2	0.00							
*160*									
SprayPaint	Memo	0.00							
Spray Painting	PRIME AS PER DWG, SEE NOTE #4								
	PRIMER BATCH: 125452								

13/5/26 81

DAS  
27  
0.00  
13-2-24

81  
can

81 0 0 13-5-11

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>
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Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

**FAULT CATEGORY**

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
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☐ Ovalized  
☐ Over/Under tolerance  
☐ Part Incorrect  
☐ Part Lost/Missing  
☐ Part Moved  
☐ Positioned Wrong  
☐ Power Loss/Surge

☐ Pressure/Forced  
☐ Temperature/Cure  
☐ Weld  
☐ Wrong Stock Pulled  
☐ Other

**\*98911\***

March-28-13 10:42:56 AM

**\*N900040100\***

Setup Start **\*NS1\***

Stop **\*NS2\***

**Customer:**

\*80\*

**\*80\***

Run Start \*NR1\*

Stop **\*NR2\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

**Insp.  
Stamp**

**\*170\***

0.00

8

DAS 05 13.05.15  
9-89

**\*180\***

0.00

58537

\*190\*

0.00

13/5/21 AJ  
MLJ 13-05-17

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____	<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	<b>AGAINST DEPARTMENT/PROCESS</b>  <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>															
Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>															
Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>															
Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data <input type="checkbox"/>									
Equip/Tooling <input type="checkbox"/>									
Operator <input type="checkbox"/>									
Material <input type="checkbox"/>									
Setup <input type="checkbox"/>									
Other <input type="checkbox"/>									
Process <input type="checkbox"/>									
Supplier <input type="checkbox"/>									
Training <input type="checkbox"/>									
Unapproved <input type="checkbox"/>									

### FAULT CATEGORY

<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio	<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions
---	---	---

<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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# Picklist Print

March-28-13 10:42:55 AM

Work Order ID: 98911

Parent Item: 646.9711

Parent Item Name: Blade

Start Date: 4/05/13

Required Date: 4/05/13

Start Qty: 80.00

Required Qty: 80.00

Comments: IPP REV:A NEW ISSUE 12/09/24 JFS VERIFY BY:DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MSTEEL-A2- B0.500X1.250		Purchased	No			100	f	53.1977	0.386	32.505264			
AISI A2 TOOL STEEL BAR, 0.500 X 1.250													

Location	Loc Qty	Loc Code
MAT009	53.1976578	
123250	3.0209578	
123763	50.1767	

DL 13-04-03  
33.0

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

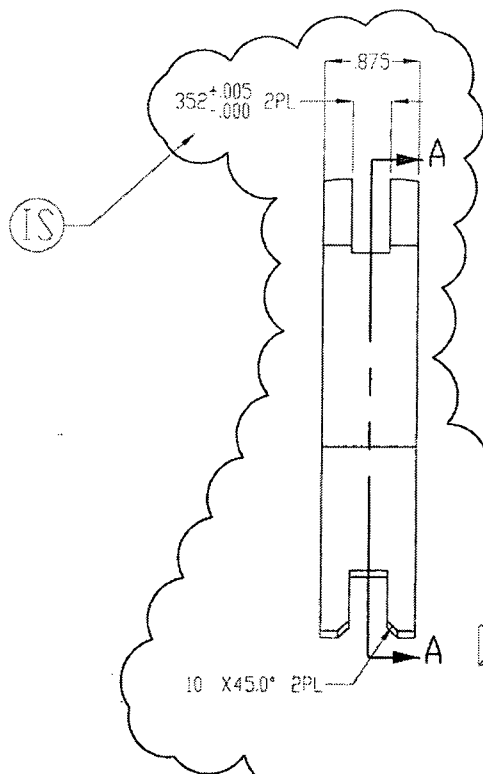
Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
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Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
<b>FAULT CATEGORY</b>											
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge  <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled  <input type="checkbox"/> Other		

APICAL  
INDUSTRIES, INC.

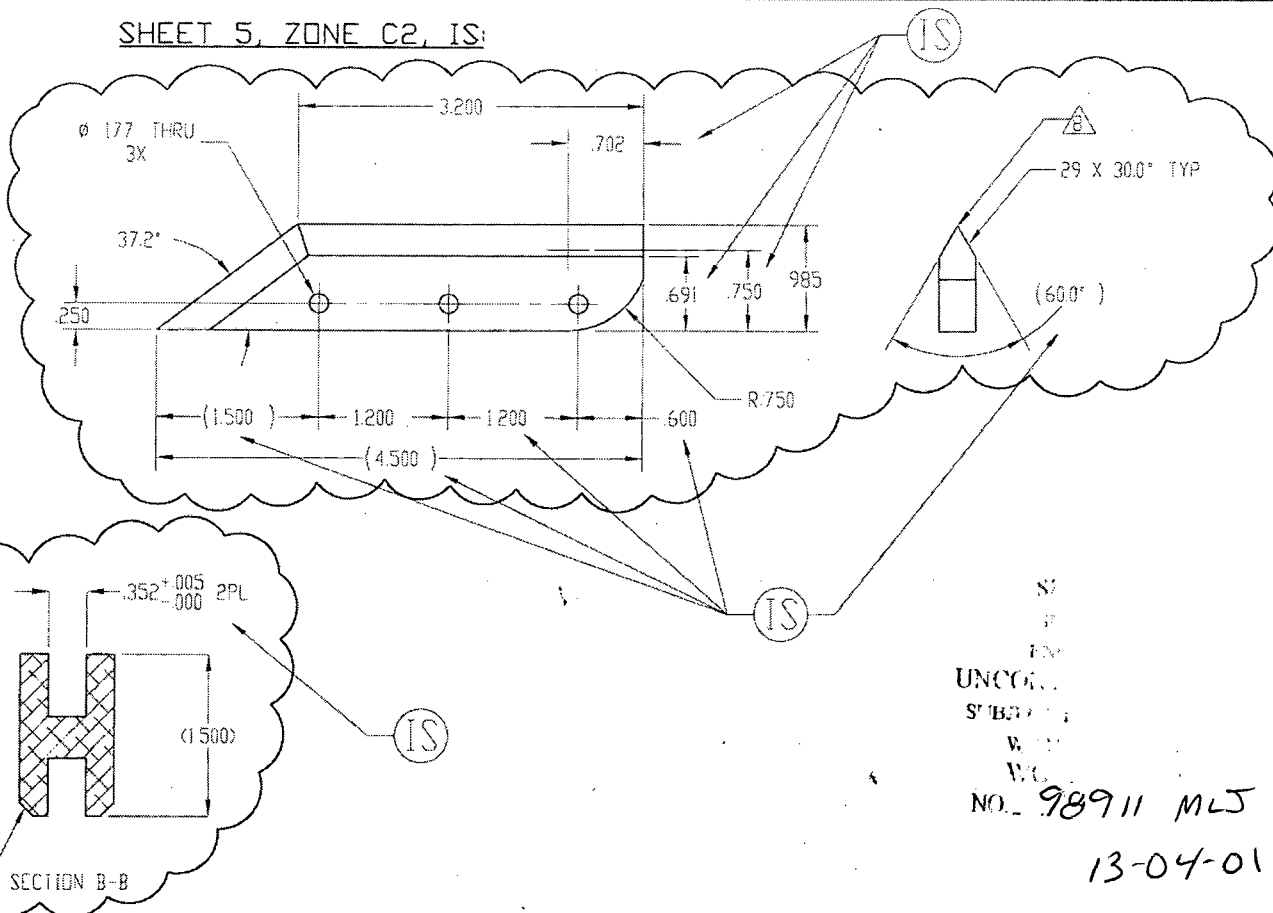
ENGINEERING CHANGE NOTICE NO. 02744		SHEET 1 OF 1	
DWG NO. 646.9700	REV: N/C	PREPARED BY S. HUFF	DATE: 01/07/10
DWG TITLE: CUTTER SUB ASSY		EFFECT ON DWG <input type="checkbox"/> INC. <input checked="" type="checkbox"/> UNINC.	
APPROVED BY: ENGR <i>[Signature]</i>	MFG <i>[Signature]</i>	QC <i>[Signature]</i>	EFF: NEXT ORDER
REASON: REVISED SCREW LENGTH, CHANNEL WIDTHS & DIMENSIONING SCHEME SHEET 5.			

TRANSACTION CODES (TC):  
A-ADD C-CREATE  
R-REVISE D-DELETE

SHEET 2, ZONE C6, IS:

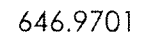


SHEET 5, ZONE C2, IS:



NO. 98911 MLJ  
13-04-01

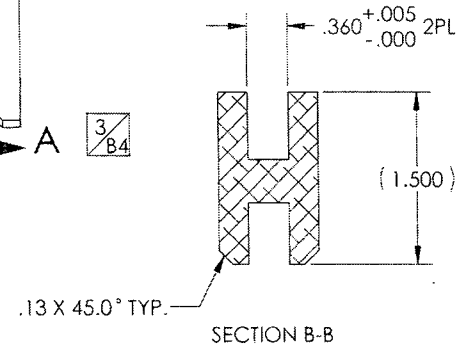
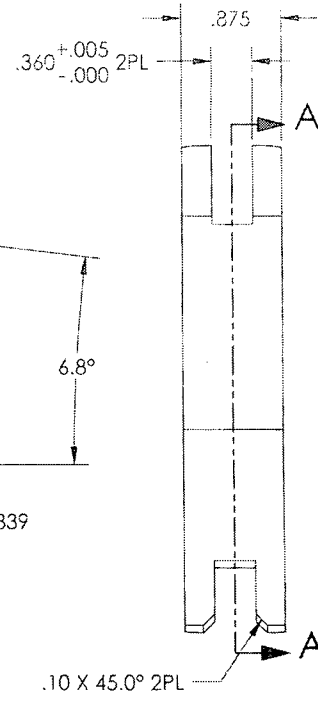
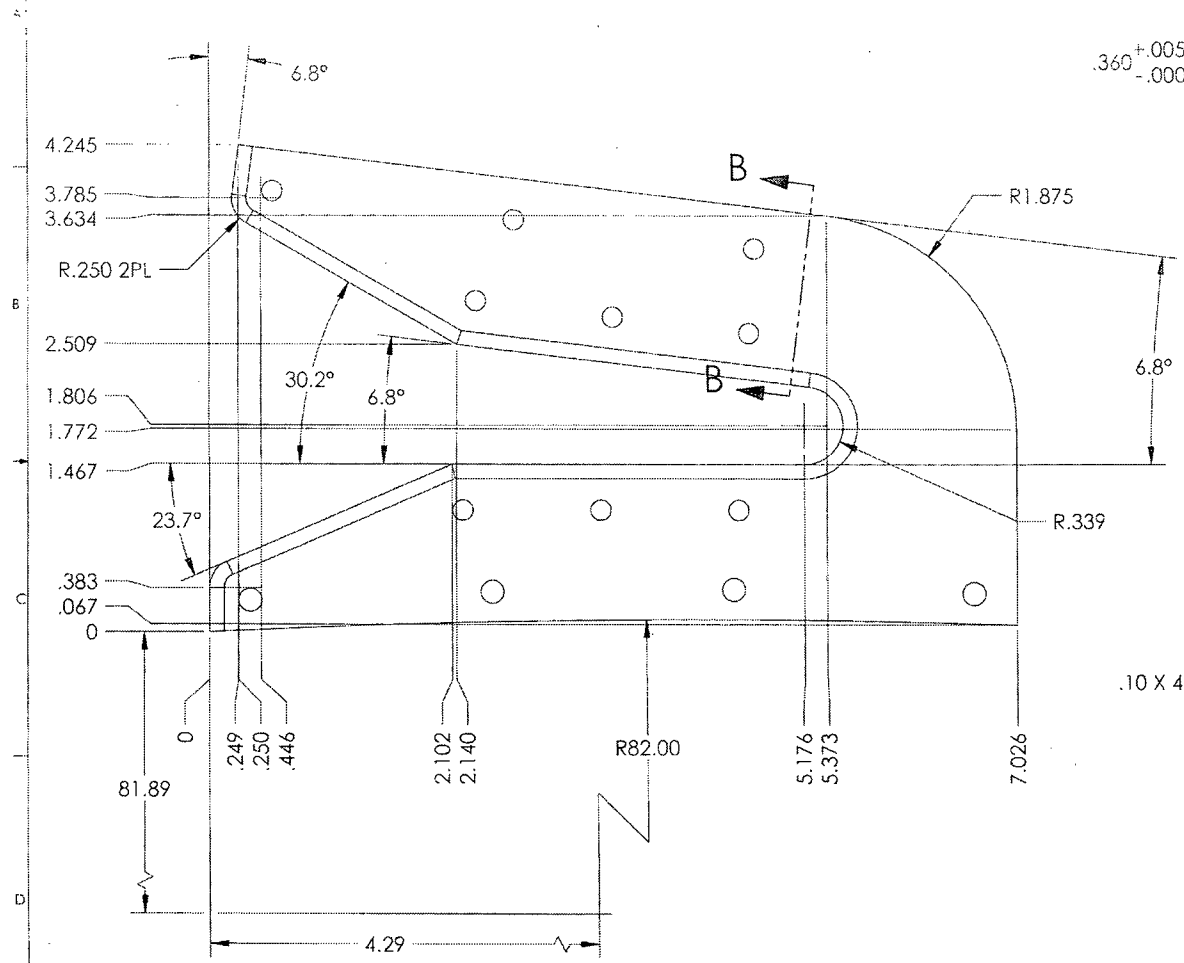
3	R	601.3157	12	SCREW	MS27039-0818
			.9701		
F/N	TC	PART NUMBER	QTY	DESCRIPTION	MATERIAL/SPECIFICATION
DOCUMENTS EFFECTED:				CHANGE CATEGORY	DER REVIEW REQUIRED
<input type="checkbox"/> MDL <input type="checkbox"/> INSTALL INSTRU <input checked="" type="checkbox"/> ICA <input type="checkbox"/> FMS <input checked="" type="checkbox"/> BOM				<input type="checkbox"/> MAJOR <input checked="" type="checkbox"/> MINOR	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

[illegible]

02744

[illegible]

98911

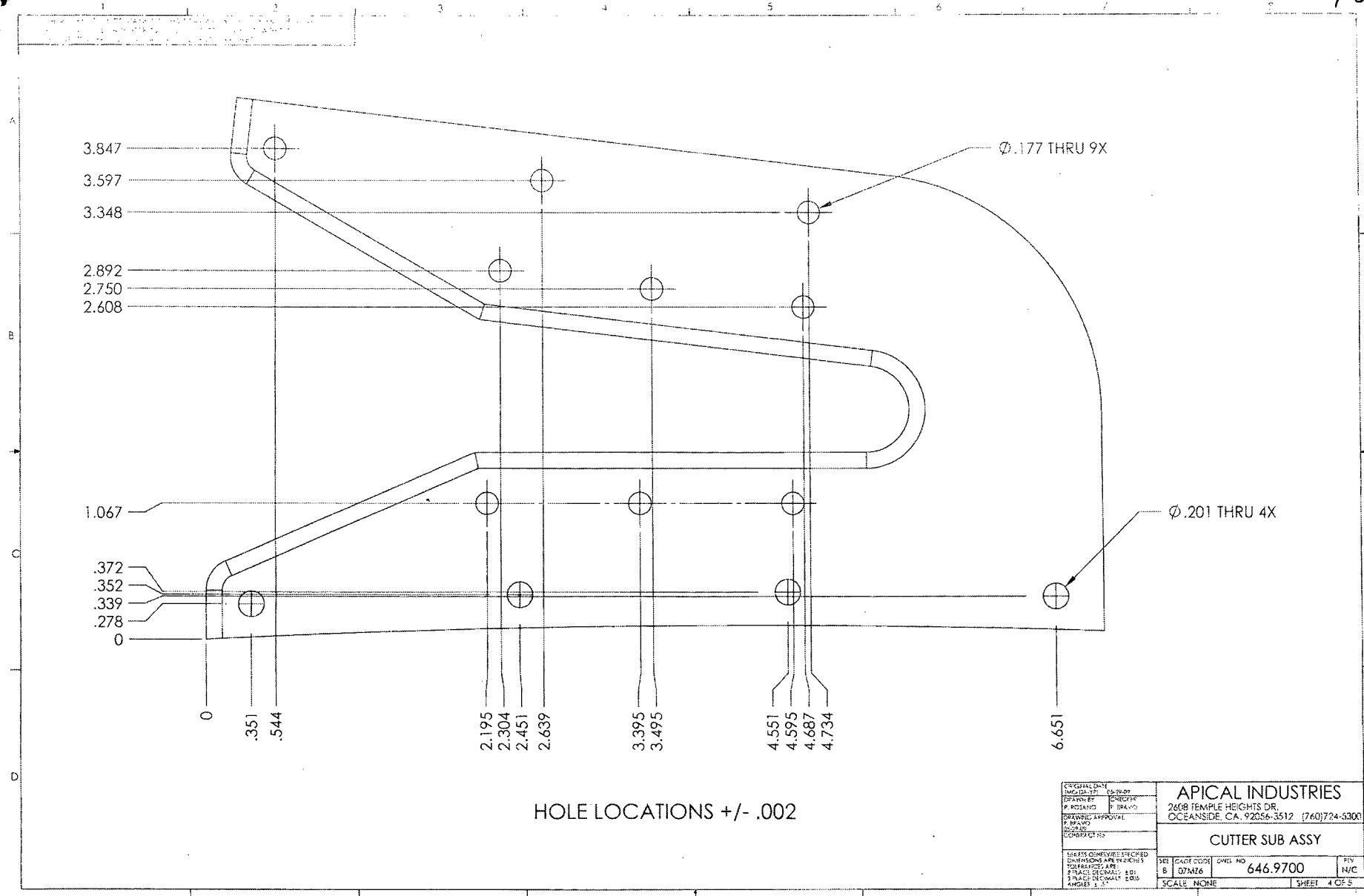


APPROVAL DATE: 05/19/00 DESIGNED BY: C. B. BROWN DRAWN BY: J. B. BROWN CHECKED BY: J. B. BROWN DATE: 05/19/00		<b>APICAL INDUSTRIES</b> 2608 TEMPLE HEIGHTS DR. OCEANSIDE, CA. 92056-3512 (760) 734-5300	
SCALE: DIMENSIONS SPECIFIED DIMENSIONS ARE IN INCHES DECIMALS ARE .001 FRACTIONS ARE 1/16 3 PLACE DECIMALS 2.000 ANGLES: 1°		PART: 646.9700 QTY: 1 SCALE: NONE	REV: 1 DATE: 05/19/00 SHEET: 2 OF 2

Technical drawing of a mechanical part, likely a bracket or flange, showing dimensions and features. The part has a base with a semi-circular end and a top flange. Dimensions include: overall width 5.500, top flange width 4.321, top flange thickness .700, base thickness .660, base semi-circular radius R1.037, and a central slot width 3.930. A 6.8 degree angle is indicated on the left. The part is shown in a perspective view with a cross-hatched section on the right.

SECTION A-A [illegible]

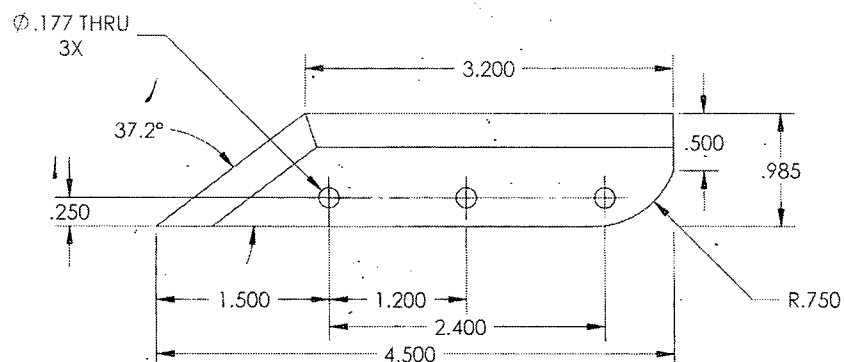
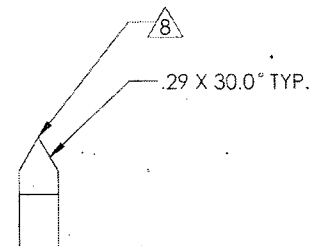
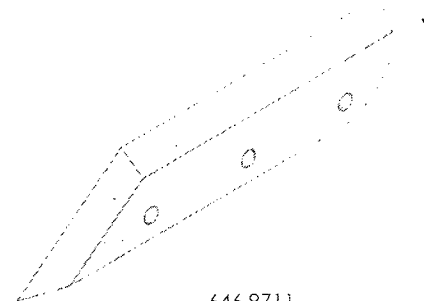
98911



HOLE LOCATIONS +/- .002

$$\begin{array}{r} .340^{+.000} \\ -.005 \end{array}$$


646.9711

[illegible]

4.496







Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO19576

Purchase Order Date 4/12/13

PO Print Date 4/12/13

Page Number 1 of 1

Order From :

VC-MET004

METCOR INC.  
560 BOUL. ARTHUR SAUVE  
SAINT-EUSTACHE, QC J7R 5A8  
CA

Contact Name

Vendor Phone

450 473 1884

Vendor Fax

450 491 5498

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD 1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

**FAXED**  
08/13/04/13

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	98911	646.9711 BLADE	4/26/13 Yes	81.00	FedEx PI collect	\$2.6000	\$210.60

Special Inst: FINISH: HEAT TREAT TO 58-62 RC  
ROCKWELL HARDNESS  
PART ARE MADE FROM AISI A2 TOOL  
STEEL  
PLEASE NOTE: DETAIL C OC REQUIRED

PO Total:

\$210.60

CERTIFICATE OF CONFORMITY  
REQ'D UPON DELIVERY

Change Nbr: 1

Change Date: 4/12/13

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required **YES** NO

# METCOR INC.

560 BOUL. ARTHUR-SAUVÉ  
ST-EUSTACHE, QC J7R 5A8  
Tel: 450-473-1884 / Fax: 450-491-5498

## Reçu de livraison

Delivery Receipt

BON DE TRAVAIL Order	EXPÉDITEUR Shipper ID	BON D'EXPÉDITION Shipper
185544	1	71033

EXPÉDITION COMPLÈTE / Shipped Complete

CLIENT /Customer 215

**DART AEROSPACE**  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
Ph: 613-632-5200  
Fax: 613-632-1053

LIVRÉ À /Shipped To

**DART AEROSPACE**  
1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
Ph: 613-632-5200  
Fax: 613-632-1053

COMMANDE DU CLIENT Customer PO	BON DE LIVRAISON DU CLIENT Customer Shipper No.	TYPE DE MATÉRIEL Material Type	DATE DE LA COMMANDE Order Date	TRANSPORTEUR Carrier
PO19576		A2	4/15/2013	FEDEX
QUANTITÉ Quantity	No. PIÈCE / Part No.	NOM DE LA PIÈCE / Part Name	DESCRIPTION DE LA PIÈCE Part Description	POIDS Weight

1 646.9711

(81) BLADE

MATERIAL: AISI A2 TOOL STEEL

23,

CONTENANT: 1 BOÎTE DE CARTON

TYPE DE CONTENEUR Container Type	# DE CONTENEURS # Of Containers	COMMENTAIRES CONTENEUR Container Comments
BOITE DE CARTON	1	

CERTIFICAT

<b>EMPAQUETAGE</b> Packing	
-------------------------------	--

QUANTITÉ EXPÉDIÉE / Quantity Shipped : 1  
POIDS EXPÉDIÉ / Weight Shipped : 23,00  
QUANTITÉ RESTANTE / Quantity Remaining : 0  
POIDS RESTANT / Weight Remaining : 0,00

CERTIFICAT

QUANTITÉ EXPÉDIÉE /Quantity Shipped:	1
POIDS EXPÉDIÉ / Weight Shipped :	23,00

Signature:

Date:

EXPÉDIÉ LE / Shipped On : 04/25/2013

## **Certificat de Conformité** **Certificate of Compliance**

BON DE TRAVAIL order	CHARGEMENT load
185544	1

CLIENT / customer 215  
DART AEROSPACE  
1270 ABERDEEN  
HAWKESBURY

ON K8A 1K7

LIVRÉ À / shipped to:  
DART AEROSPACE  
1270 ABERDEEN  
HAWKESBURY

ON K8A 1K7

COMMANDE DU CLIENT customer po	BON DE LIVRAISON DU CLIENT customer shipper no.	MATÉRIEL material	CODE DE TRAITEMENT mat'l heat code	NUMÉRO DE LOT lot number
PO19576		A2		

### **SPÉCIFICATIONS DU PROCÉDÉ** processing specifications

VAC HARDEN

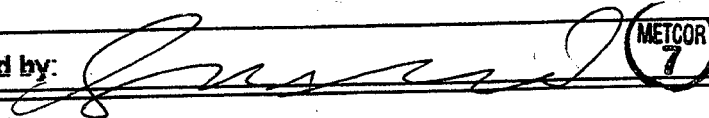
HARDEN AND TEMPER

EXIGENCE / requirement	SPÉCIFICATIONS / specified	TESTS EXÉCUTÉS / performed	RÉSULTATS DE TESTS / results
HARDNESS	58 - 62 HRC	5	60.0 - 61.0 HRC

QUANTITÉ quantity	POIDS weight	DESCRIPTION DES PIÈCES parts description
1	23	648.9711 (81) BLADE MATERIAL: AISI A2 TOOL STEEL  CONTENANT: 1 BOÎTE DE CARTON

### **COMMENTAIRES / comments**

CERTIFIÉ par / Certified by:




DATE: 2013-04-24

# METCOR INC.

560 BOUL. ARTHUR-SAUVÉ  
ST-EUSTACHE, QC, J7R 5A8

Tel: 450-473-1884 / Fax: 450-491-5498

## Certificat de Conformité Détaillé

Detailed Certificate of Compliance

BON DE TRAVAIL order	CHARGEMENT load
185544	1

CLIENT / customer 215

DART AEROSPACE  
1270 ABERDEEN  
HAWKESBURY

ON K6A 1K7

LIVRÉ À / shipped to:

DART AEROSPACE  
1270 ABERDEEN  
HAWKESBURY

ON K6A 1K7

1

COMMANDE DU CLIENT customer po	BON DE LIVRAISON DU CLIENT customer shipper no.	MATÉRIEL material	CODE DE TRAITEMENT mat'l heat code	NUMÉRO DE LOT lot number						
PO19576		A2								
<b><u>SPÉCIFICATIONS DU PROCÉDÉ</u></b> processing specifications										
VAC HARDEN										
HARDEN AND TEMPER										
EXIGENCE / requirement	SPÉCIFICATIONS / specified		TESTS EXÉCUTÉS / performed	RÉSULTATS DE TESTS / results						
HARDNESS	58 - 62 HRC		5	60.0 - 61.0 HRC						
QUANTITÉ quantity	POIDS weight	DESCRIPTION DES PIÈCES parts description								
1	23	646.9711 (81) BLADE MATERIAL: AISI A2 TOOL STEEL  CONTENANT: 1 BOÎTE DE CARTON								
Operation	Temp. spécifiée Specified Temp	Temps de trempe Spécifié Specified Soak Temp	Atmosphère	Carbone Carbon Potential	Q-Media Q-Temp	Four # Furnace #	Date Départ Start Date	Heure d'entrée Time In	Heure de sortie Time Out	Date Complétée Date complete
1.00 CONT. INIT.	LAVAGE		si nécessaire							
2.00 PREPARING	COMPTAGE									
3.00 PREHEAT 1	1200 +/-10	0:30	VAC			393				
4.00 PREHEAT 2	1500 +/-10	0:30	VAC			393				
5.00 VAC HARDE	1800 +/-10	1 hrs 30 minutes	VAC		AZOTE	393				
6.00 TEMPER	400°F	2 hrs	air			655				
7.00 TEMPER 2	400°F	2 hrs	air			655				

# METCOR INC.

560 BOUL. ARTHUR-SAUVÉ  
ST-EUSTACHE, QC, J7R 5A8

Tel: 450-473-1884 / Fax: 450-491-5498

## Certificat de Conformité Détaillé Detailed Certificate of Compliance

BON DE TRAVAIL order	CHARGEMENT load
185544	1

CLIENT / customer 215

DART AEROSPACE  
1270 ABERDEEN  
HAWKESBURY

ON K6A 1K7

LIVRÉ À / shipped to:

DART AEROSPACE  
1270 ABERDEEN  
HAWKESBURY

ON K6A 1K7

Operation	Temp. spécifiée Specified Temp	Temps de trempe Spécifié Specified Soak Temp	Atmosphere	Carbone Carbon Potential	Q-Media Q-Temp	Four # Furnace #	Date Départ Start Date	Heure d'entrée Time In	Heure de sortie Time Out	Date Complétée Date complete
8.00 HARDN INS										
9.00 FINAL INSP							04-24-2013			04-24-2013

### COMMENTAIRES / comments

Le traitement thermique a été fait en utilisant des équipements en conformité avec la spécification demandée.  
Toutes les opérations de traitement thermique ont été faites en conformité avec les requis de la spécification demandée et toutes les vérifications et les tests demandés ont été faites et documentés.  
Aucun changement ou dérogation n'a été faite par rapport au traitement thermique demandé.  
On certifie que le matériel a été fabriqué, échantillonné, testé et inspecté en accord avec les spécifications du matériel et le bon de commande et le matériel rencontre les exigences spécifiées.

All the heat treatment processing performed on this order was accomplished using heat treatment equipment compliant with the requested heat treatment specification.

All the heat treatment operations were accomplished in accordance with the requested/required heat treatment specification and all required verifications test have been performed and documented.

No unauthorized changes or deviations to required heat treatment specifications or procedures have been performed.  
We certify that the material was manufactured, sampled, tested and inspected in accordance with the material specification and the purchase order and was found to meet the requirements.

APPROUVÉ par / Approved by:

*Isabel Ordoñez*



DATE: 2013-04-24

/ Nous certifions que toute l'information comprise sur ce rapport est exacte et conforme aux requis du client. / We certify that all the information on this report is exact and in accordance with the order requirements.